

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/530598**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		17				
19		17				
20		17				
21		17				
22		17				
23		17				
24		17				
25		17				
26		17				
27		17				
28	1					
29		1				
30		1				
31		1				
32	1					
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	3		1			
TOTAL DEP.	14	f				
TOTAL CLAIMS	15	1				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					/	
53					/	
54					/	
55					/	
56					/	
57					/	
58					/	
59					/	
60					/	
61					/	
62					/	
63					/	
64					/	
65					/	
66					/	
67					/	
68					/	
69					/	
70					/	
71					/	
72					/	
73					/	
74					/	
75					/	
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78					/	
79					/	
80					/	
81					/	
82					/	
83					/	
84					/	
85					/	
86					/	
87					/	
88					/	
89					/	
90					/	
91					/	
92					/	
93					/	
94					/	
95					/	
96					/	
97					/	
98					/	
99					/	
100					/	
TOTAL IND.	2		1			
TOTAL DEP.	98					
TOTAL CLAIMS	30	1				